WISCONSIN DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Health Care Financing
1 W. Wilson St.
Madison WI 53702

To: Medicaid Eligibility Handbook Users

From: Jim Jones, Director
Bureau of Eligibility Management

Re: **MEH Release 07-01**

Release Date: 01/12/07
Effective Date: 01/12/07

EFFECTIVE DATE

The following policy additions or changes are effective 01/12/07, unless otherwise noted. **Bold text denotes new text.** Text with a strike through it in the old policy section denotes deleted text.

UPDATED SECTIONS
OVERVIEW
CHANGES

The following sections were edited in this release:

1.1.3, 5.10.4, 5.10.6, 5.11.7, 8.1.5

Operations Memo 06-50, "2007 Cost of Living Adjustment (COLA)" was incorporated into the MEH.

2.2.1.1.7, 2.2.1.1.8, 5.17.6

Operations Memo 06-47, Wisconsin Well Woman Program and Wisconsin Well Woman Medicaid was incorporated in the MEH.

2.2.1.1.7

New Text

When manually certifying a woman for WWWMA through WWWP, manually certify her with one of the following starts dates.

1. The **date of diagnosis** (rather than the first of the month in which the diagnosis occurred), or

2. Up to 3 months prior to the WWWMA filing date, if the diagnosis date is more than three months in the past.

The recertification period should be set twelve months from the application filing date for WWWMA.

2.2.1.1.8

New Text

When certifying a woman for WWWMA through FPW, manually certify her with

one of the following starts dates.

1. The **date of diagnosis** (rather than the first of the month in which the diagnosis occurred), or

2. Up to 3 months prior to the WWWMA filing date, if the diagnosis date is more than three months in the past, **and the woman was eligible for FPW at the time**.

The recertification period should be set twelve months from the application filing date for WWWMA.

5.17.6

Text was removed and an example modified.

Deleted Text

~~Note: Only for women entering WWWMA through the Wisconsin Well Woman Program **backdate to the day following the diagnosis date.**~~

New Example:

Example: **Giana applies for WWWMA at the IM agency on September 20, 2006. The HCF 10075 indicates that she is enrolled in WWWP, and she provides a copy of the DPH4818 documenting her enrollment in the WWWP. Her date of diagnosis on the HCF10075 is August 6, 2006. The WWWMA Presumptive Eligibility dates on the HCF10075 are from August 6 through September 30. Giana meets the following non financial requirements: citizenship/ID documentation, provides a valid SSN, and has no MA or private insurance that will cover her cancer treatment.**

Certify Giana using an HCF10110 effective August 6, 2006 through August 31, 2007 with a CB med stat code. ES sends Giana a notice by July 17 indicating her review is due by the end of August, 2007.

3.3.3 #3b

Text was added to clarify when parents should be referred to the CSA.

New Text

Do not refer parents to the CSA when both parents are in the home and the father's paternity has been legally established. Paternity is legally established by a court order or by a Voluntary Paternity Acknowledgment form signed on or after May 1, 1998 and filed with a state Vital Records office.

Note: If a father's name appears on a Wisconsin Birth Certificate for a child born after 5/11/1998, it means paternity has been established.

3.3.7.4. **6.2.4 , 6.2.6, 1.2.6,**

References to paper based Income Maintenance Manual (IMM) were replaced

5.7.10 with links to the online IMM.

3.6.1 Text removed in Release 06-04 was returned to clarify that the Economic Support Agency (ESA) should continue to submit an application for a disability determination even if the client has already applied for SSI or SSDI.

New Text:

The Economic Support Agency (ESA) should submit an application for a disability determination even if the client has already applied for SSI or SSDI.

3.6.9.1 Clarification was provided on continuation of eligibility for MAPP recipients who lose SSDI benefits solely because s/he turns 65.

New Text:

A MAPP recipient who loses SSDI benefits solely because s/he turns 65 does not need a disability re-determination until the next scheduled diary date. If there is no scheduled diary date a MAPP disability determination must be done, and MAPP eligibility continued until the MAPP disability determination is made by the Disability Determination Bureau (DDB).

4.1.4.9.2.1 A statement from Operations Memo 05-31 was added regarding treatment of interest and dividend income. This statement was inadvertently omitted when Operations Memo 05-31 was originally incorporated into the MEH.

New Text:

Most interest and dividend income from a resource excluded under SSI rules (and therefore exempt resource for EBD Medicaid), will be an excluded source of income for all EBD Medicaid eligibility and post-eligibility determinations. The are, however, some exceptions (See 4.1.9.2.2)

4.4.1 Clarification was provided on Family MA treatment of student financial aids.

New Text:

In Family MA cases, disregard all student financial aids regardless of source. This includes student loans, grants, scholarships and work study, and any financial assistance provided by a public or private organization for the purpose of obtaining an education. Disregard the full amount of student financial aids, including any amounts earmarked for living expenses.

4.5.6.5 Clarification was made on pooled trusts.

Disregard pooled trusts for disabled persons managed by:

- **WISH Pooled Trust**
- **WisPACT Trust I**

Note: Contact the CARES CALL Center for instructions on treating any other pooled trusts.

The WISH Pooled Trust and the WisPACT Trust I meet the following conditions:

4.7.5 Effective January 1, 2007, the average private pay nursing home rate increased to $5,584. Text and examples were changed to reflect the new amount.

5.7.3.4.3 New text was added to clarify BC begin date

New Text

Clients who have lost their insurance coverage due to involuntary loss of employment, and meet all other eligibility requirements, are eligible for BC. Begin his/her BC eligibility the day after the last day of the insurance coverage or the application date, whichever is later **if the client applies prior to losing insurance. If the client applies after losing insurance, coverage can begin the day after the last day of insurance if they apply in the same month insurance is lost.**

5.9.2.1 Clarification was provided that IM agency staff should assist Case Managers in determining eligibility for a potential waiver recipient.

New Text:

IM Agency staff should assist Case Mangers in determining eligibility for a potential Group A waiver recipient by checking MMIS.

5.11.2.3 New Text was added on disregards for individuals who lose SSI eligibility as a result of initial receipt or an increase in DAC benefits.

New Text

An individual who loses their SSI eligibility due to the receipt of an initial DAC benefit or increase in their current DAC benefit is entitled to the following disregards when determining their eligibility for Medicaid:

The DAC payment, either initial or increase which made them ineligible for SSI.

The SSI-E supplement, if the individual was receiving the E supplement

at the time they became ineligible for SSI.

All COLAs received since the last month that the individual was eligible for and received both OASDI and SSI benefits.

5.16.6.3

Clarification was provided on applying Medicare Part B and D deductions to anticipated gross annual Social Security Income.

New Text

When **calculating** anticipated gross annual Social Security income, **add** any deductions for Medicare Part B **or D** and court ordered guardianship fees, alimony and/or child support **to the net payment amount**.

6.2.2.2.1

Clarification was provided on Institutional Overpayments.

New Text

The overpayment amount for an institutional case is the amount MA paid.

Note: Patient liability should not be subtracted from the claims paid by MA when determining the overpayment amount.

6.4.1

A link to 5.6.8 as an exception the Transfer policy was removed. New text was added to clarify the agencies responsibility in the Case Transfer Process.

New Text

The agency to which the client reports the move must collect information about the changes, for example, the new address. If the agency does not have sufficient information about the changed circumstances, it must request information from the client, according to the Medicaid verification policy (1.2).

CARES will automatically set a review date for one month after the transfer. Correct the review date in CARES, so that it is the end of certification period. Run eligibility in CARES.

8.1.7

The Cost-of-Living Adjustment (COLA) disregard table was updated with 2007 numbers.